Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Effective October 1, 2000												
CLAIMS AS FILED - PART I (Column 1)						(Column 2)		SMALL ENTITY TYPE		OR	OTHER THAN R SMALL ENTITY	
TOTAL CLAIMS								RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			2 2 minus 20=		. 2			X\$ 9=		OR	X\$18=	36
INDEPENDENT CLAIMS			3 minus 3 =		*			X40=		OR	X80=	
MULTIPLE DEPENDENT CLAIM PRESENT								+135=		OR	+270=	·
* If the difference in column 1 is less than zero, enter "0"						olumn 2	-	TOTAL		OR	TOTAL	741,
CLAIMS AS AMENDED - PAR						(Column 3))	SMALL	ENTITY	OR	OTHER SMALL	
AMENDMENT A		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIGI NUM PREV	HEST MBER IOUSLY O FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 51	Minus	** 0	22	= 29		X\$ 9=		OR	X\$18=	522
	Independent	. 6	Minus	***	3	= 3		X40=		OR	X80=	252 1
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDEN				IT CLAIM		J	+135=		OR	+270=	· ·
					-(TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)										-		le pa
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NU PRE\	SHEST MBER /IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		-		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	4	X40=		OR	X80=	
	FIRST PRESE	NTATION OF N	NULTIPLE DE	PENDE	NT CLAIN	1	J	+135=		OR	+270=	
								TOTAL ADDIT. FEE		OR	TOTA ADDIT. FE	L
		(Column 1)		(Col	lumn 2)	(Column	3)_	AUDIT. TEL		_	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
NTC		CLAIMS REMAINING AFTER AMENDMENT		HIC NU PRE	GHEST JMBER VIOUSLY ID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
N N	Total		Minus	**		=		X\$ 9=	1_	OF	X\$18=	:
AMENDMENT	Independent		Minus	***		=	4	X40=		OF	X80=	
	FIRST PRES	ENTATION OF	MULTIPLE D	EPENDE	NT CLAI	M		+135=		OF	+270=	
If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								TOTAL		OF	TOT/	AL
* If the entry in column 1 is less than the entry in column 1 is less than 20, enter "20." ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												: C L

FORM PTO-875 (Rev. 8/00)